

Parotitis with secondary syphilis:

A case report

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SUMMARY Painless swelling of the parotid salivary gland was observed in a patient presenting with secondary syphilis. This case is of special interest to venereologists and surgeons as parotitis associated with syphilis may be mistaken for common tumours of the parotid glands. A diagnosis of syphilitic parotitis should be considered in patients presenting with swollen parotid salivary glands in countries where syphilis is prevalent.

Introduction

The swelling of parotid salivary glands is commonly caused by infections or tumours.¹ In the pre-antibiotic era, syphilis of the salivary glands and the rest of the digestive system was seen early in the course of the disease.² Since the advent of penicillin, however, fewer cases of syphilis of the digestive system have been reported, and most of them occurred during the late stage of the disease.³ As far as we know, there has been no published report of swollen parotid glands associated with secondary syphilis in the past two decades (Barrow J, personal communication).

Case report

A 19 year old unmarried woman presented at the sexually transmitted disease (STD) clinic at this hospital with a generalised non-irritating skin rash of three weeks' duration and a painless swelling around the left ear lobe for the past week. She gave a history of a painless ulcer of the left labium minus for the past three months, but had not taken any treatment for it. She had had innumerable sexual partners since first having sexual intercourse at 8 years old.

On examination she had annular and papulo-squamous skin lesions on the face, maculopapular eruption on the trunk and extremities, and condylomata lata on the external genitalia. She also had generalised non-tender lymphadenopathy. There was a non-tender uniform oval swelling measuring 4 cm × 5 cm with a well defined edge at the angle of

the left mandible which pushed the left ear lobe forward. The skin over the swelling showed no inflammatory features. The left parotid (Stensen's) duct opening in the buccal cavity did not show signs of inflammation or pus exudation when the gland was pressed. The enlarged preauricular lymph nodes were palpable and not associated with the parotid swelling.

Dark field examination of serum from the condylomata lata showed *Treponema pallidum*, and rapid plasma reagin (RPR) (1/64 titre) and fluorescent treponemal antibody absorbed (FTA-ABS) tests gave positive results. The patient refused to undergo biopsy of the parotid salivary gland for specific staining.

She was given benzathine penicillin 2.4 MU intramuscularly, and when she attended for review three weeks later the parotid swelling had completely subsided and all skin lesions had cleared, although generalised lymphadenopathy persisted.

Discussion

A total of 5701 new patients attended the STD clinic at this hospital in 1982. Secondary syphilis was diagnosed in 592 (10.4%) patients, and this was the only one with associated parotitis. In the absence of identification of *T pallidum* by staining a biopsy specimen from the parotid glands, the clinical features, positive serological tests for syphilis, and resolution of the parotid swelling after treatment with an antisyphilitic drug were considered to be evidence of syphilis as the cause of parotitis.

With the resurgence of syphilis in the advanced countries and its continuing high prevalence in developing countries,⁴ syphilitic parotitis may occur more frequently but may remain undetected because

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it is painless. If it is detected it may be mistaken for the common tumours of the parotid salivary glands. In countries with high prevalence of syphilis, therefore, the possibility of its being a cause of parotitis should not be overlooked.

References

1. Ranger D. Diseases of the salivary glands. In: Ballantyne J, Groves J, eds. *Scott-Brown's diseases of the ear, nose and throat. Vol 4 The throat*. London: Butterworth, 1971:37-66.
2. Stokes JH, Beerman H, Ingraham NR. *Modern clinical syphilology*, 3rd ed. Philadelphia: Saunders, 1946.
3. King A, Nicol CS, Rodin P. *Venereal diseases*. 4th ed. London: Ballière Tindall, 1980.
4. World Health Organisation. Treponemal infections. *Tech Rep Ser* 1982; No 674:8-10.